

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <input checked="" type="checkbox"/> <i>Andrea Prevost</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Albert L. Prevost P.O. Box 2141 Gibsonton, FL 33534-2141		B. Received by (Printed Name) <i>Andrea Prevost</i>	C. Date of Delivery <i>10/23/07</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <i>7003 1010 0001 7789 4822</i>			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7003 1010 0001 7789 4822

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To <i>Albert L. Prevost</i>	
Street, Apt. No. or PO Box No. <i>P.O. Box 2141</i>	
City, State, ZIP+4 <i>Gibsonton, FL 33534-2141</i>	
PS Form 3800, June 2002 See Reverse for Instructions	

Postmark Here  
OCT 23 6 10 PM '07  
NEW WINDSOR NY